FULL-TIME PROGRAM APPLICATION INSTRUCTIONS

Adult Education Division

**Before You Begin:**

1. All Full-Time Adult Education programs require the student to have completed their high school education. Students must submit a copy of their high school diploma, high school transcript or evidence of GED completion at time of registration.
2. Processing of Full-Time Program Applications may take several days. To ensure that you are accepted into one of our Full-Time Programs, we encourage you to start the application process today.

**Ohio Basic Peace Officer Basic Training Academy Applicants:** Contact Commander Bryan Cook at (937) 372-6941 Ext. 1553 or Tracey R. Cassel, (937) 372-6941 Ext. 1551 to arrange for a personal meeting to review the application process for the Ohio Basic Peace Officer Basic Training Academy.

**Application Process:**

**Step 1:** Complete all of the personal information located on the first page of the Full-Time Program Application.

**Step 2:**  Complete all of the financial information on the second page of the Full-Time Program Application.

*If you are applying for Pell Grants or Financial Aid, you must:*

1. Apply online at [www.studentaid.ed.gov](file:///C:\Users\sbryan\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\X0UT5C26\www.studentaid.ed.gov) to obtain your FSA ID.
2. Complete the Free Application for Federal Student Aid (FAFSA) online at [www.fafsa.ed.gov](http://www.fafsa.ed.gov)
3. You will need to use the Federal School Code for Greene County Career Center: **016861**
4. Arrange to meet with the Financial Aid Office prior to the first day of class.

*If you will be attending one of our Full-Time Programs through WIA, BVR, TAA, VA, you must:*

1. Contact the appropriate agency:
   1. Bureau of Vocational Rehabilitation (BVR) at (800) 686-9263.
   2. Department of Jobs and Family Services Trade Adjustment Assistance Office (TAA) in the county of your residence. In Greene County call: (937) 562-6151.
   3. Ohio Means Jobs in the county of your residence.

Greene County: Call GreeneWorks at (937) 562-6565

Clark County: Call WorkPlus at (937) 327-1961

Montgomery County: Call The Job Center at (937) 225-5627

Warren County: Call Workforce One at (513) 695-1130

1. Bring ***Agency Approval Letter*** and meet with our Financial Aid Office prior to the first day of class.
2. **VA Applicants** – Please contact the Veteran’s Administration directly and meet with Brandon Prather, 937-372-6941, ext. 2310 prior to the first day of class.

*If you are going to be sponsored by your employer, you must:*

1. Bring a letter from your employer on company letterhead ***prior to the first day*** of class stating and turn into the Bursar’s office:
   1. The program that you are eligible to enroll in.
   2. The amount the employer agrees to remit towards tuition.
   3. Signed by a company authorizing agent.

*If you are going to be a* ***“Self-Pay”,*** *you must:*

1. Pay the entire amount of the tuition for the term prior to the first day of class.

OR

1. Arrange a payment plan with the Bursar’s Office prior to the first day of class.

**Step 3:** Complete the ***Authorization to Release*** Information on the third page of the Full-Time Program Application.

**Step 4:** Bring the completed application, non-refundable registration fee of **$50.00 and proof of high school graduation or GED** to:

**Greene County Peace Officer Basic Training Academy Office**

Greene County Career Center

532 Innovation Drive

Xenia, Ohio 45385

FULL-TIME PROGRAM APPLICATION

Adult Education Division

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| **STEP 1: PERSONAL INFORMATION** |

**Please Print All Information** Today’s Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

Course Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course Start Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last) (First) (Middle) (Maiden)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street) (City) (State) (Zip Code)

Telephone Number: \_\_\_\_\_- \_\_\_\_\_-\_\_\_\_\_\_ E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone Number: \_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_

**EDUCATIONAL BACKGROUND**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Type Of School | Name of School Attended | City and State of School | Major | Dates Attended | Degree/Diploma |
| GED |  |  |  |  |  |
| High School |  |  |  |  |  |
| College/Other |  |  |  |  |  |
| College/Other |  |  |  |  |  |

**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last) (First) (Middle Initial)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street) (City) (State) (Zip Code)

Telephone Number: \_\_\_\_\_- \_\_\_\_\_-\_\_\_\_\_\_ E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone Number: \_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_ Relationship to You: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last) (First) (Middle Initial)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street) (City) (State) (Zip Code)

Telephone Number: \_\_\_\_\_- \_\_\_\_\_-\_\_\_\_\_\_ E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone Number: \_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_ Relationship to You: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| **Office Use Only** | Registration Fee Paid on: |
| WorkKeys Assessment Test Date: | Evidence of High School Graduation/GED: |
| Financial Aid Office Appointment: | Other: |
| **STEP 2: FINANCIAL INFORMATION** |  |

**METHOD OF PAYMENT**

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| **FINANCIAL AID:** Pell Grant and Stafford Direct Loan  1. Will you complete the Free Application for Federal Student Aid (FAFSA)?  YES  NO  2. Do you live at home with your parent(s)?  YES  NO  3. Have you attended any other school during the current school year?  YES  NO  If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4. Do you have a Bachelor, Master or Doctorate Degree?  YES  NO |
| **AGENCY SUPPORT:** WIA, BVR, TAA, or VA  1. Have you contacted the appropriate agency to determine your eligibility?  YES  NO  2. Do you have an eligibility letter from the agency?  YES  NO |
| **EMPLOYER SPONSORED**  Do you have a letter from your employer verifying tuition sponsorship?  YES  NO  PO#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **SELF PAY**  Amount of Tuition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Method of Payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *\*Please arrange any payment plan with the Bursar’s Office prior to the first day of class.* |

**CERTIFICATE OF COMPLETION** is awarded to the student upon satisfactory completion of the course, provided all fees have been paid.

**STANDARD FINANCIAL OBLIGATION POLICY:**

By signing this agreement, the student accepts financial obligation for the program of study. Financial obligation is based on tuition and fees per academic term. A non-refundable one-time registration fee of $50.00 is charged to enroll in any Full-Time Program.

**SATISFACTORY ACADEMIC/ATTENDANCE PROGRESS (SAP):**

The Higher Education Act of 1965 (as amended) requires each student to be making ***Satisfactory*** ***Academic Progress*** (SAP) to be eligible for federal and state financial aid programs. All students enrolled in 600 hour programs or greater, whether or not they receive federal aid, are required to maintain SAP. Please refer to the Student Handbook, Section 5.

**CANCELLATION AND REFUND POLICY**

All monies paid by an applicant must be refunded if requested within three days after signing an enrollment agreement and making an initial payment. An applicant requesting cancellation more than three days, but prior to entering the school, is entitled to a refund of all monies paid minus an administrative fee of $50. If such cancellation is made, the school shall promptly refund in full all tuition and fees paid as stated in the Enrollment Agreement and the refund shall be made no later than 30 calendar days after cancellation. This provision shall not apply if the student has already started the program or class.

Students may be entitled to a full refund of monies paid if:

* Student’s application is not accepted.
* The class is cancelled.

A refund applies only to tuition. There is no refund on application fees, books, tools, uniforms, or other objects or supplies which become the property of the student.

The amount of Title IV and other aid will be applied to the student’s account first, based on the hours attended prior to student’s withdraw date to cover tuition. The remaining balance will become the responsibility of the student using the calculation listed in the table below.

|  |  |
| --- | --- |
| **Days Enrolled Per Term** | **Total Tuition School Shall Refund** |
| 0-2 Days | 100% Refund |
| 3-10 days | 50% Refund |
| Over 10 days | 0% Refund |

*I have read, understand and agree to abide by the Full-Time Program SAP and Refund/Withdrawal Policy. I hereby accept financial responsibility for tuition, textbooks, supplies, tools, and lab fees that are not covered by financial aid, an agency, or employer.*

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **STEP 3: AUTHORIZATION TO RELEASE INFORMATION** |

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| **FERPA RELEASE:**  The Family Educational Rights and Privacy Act (FERPA) of 1974 is a federal law designed to protect the privacy aspects of a student’s educational record that are not considered “directory information.” Educational records include financial aid records which are considered confidential and will not be released without written consent. For this reason, it is necessary for the Greene County Career Center Adult Workforce Education Division to obtain permission from a student in order to release financial information not excluded by FERPA laws.  **Student Financial Aid cannot release any financial aid information to anyone, including the student’s parents, spouses, partnering agencies (WIA, BVR, VA, TAA), or employers without consent from the student.**  In accordance with the Federal Education Right and Privacy Act (FERPA) and Student Financial Aid Policy, I authorize the release of my financial information to partnering/sponsoring agencies (including, but not limited to; WIA, BVR, TAA, VA) and my employer of record effective as of this date and until revoked or changed in writing to the Student Financial Aid Office. The release only pertains to any financial aid records.  Signature of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **In addition, I agree to waive any rights under FERPA and allow the below named person(s) access to my financial records effective as of this date and until revoked or changed in writing to the Student Financial Aid Office.**  Name of Individual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Individual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **AUTHORIZATION TO APPLY FINANCIAL AID TO STUDENT ACCOUNT**  I authorize the Greene County Career Center Adult Education Division to use my financial aid to pay all outstanding charges on my student account. **Financial aid can include loans, grants, scholarships, agency funds, employer sponsorship or other institutional, federal, or state funds.**  I agree that if this aid is not directly credited to my account, I will endorse any financial aid check(s) to the Greene County Career Center Adult Education Division. I will not receive any funds until all charges posted to my student account are paid in full. I understand that completion of this form does not guarantee that my student account will be paid in full. **Any balance remaining after disbursement of my financial aid is my responsibility.**  I authorize the Greene County Career Center Adult Education Division to use financial aid funds to pay any non-standard charges assessed to my student account. These charges may include, but are not limited to, the following:  book charges, lab/supplies fees, late fees, and/or installment plan fees. I also authorize the Greene County Career Center Adult Education Division to transfer any financial aid funds to any past due balances on my student account.  I understand that this authorization will remain active on my account and is valid for as long as I am a Greene County Career Center Adult Education student. I understand that in order to inactivate this authorization I must do so in writing to the Bursar’s Office at 532 Innovation Drive, Xenia, Ohio 45385.  **Signature of Student**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |